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01 FC:1504	300.00 OP				// 10/6/06	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/672,602 02/26/2001 Carl M. Ellison 042390.P8629X 2068 TITLE OF INVENTION: ATTESTATION KEY MEMORY DEVICE AND BUS						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	<u> </u>	\$300	\$300	10/06/2006
EXAMINER ART		ART UN	ΙΤ	CLASS-SUBCLASS]	
ABRISHAMKAR, KAVEH		2131	713-190000			
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica	dence address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Blakely, Sokoloff, Taylor & Zafman LLP			
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